

Infection Prevention and Control Measures for Suspected and Confirmed Cases of *Clostridium difficile* Infection (CDI)

Always follow Routine Practices including a Point of Care Risk Assessment

Assessment

Patient/Resident develops acute infectious diarrhea¹



Actions for ALL acute diarrhea

Initiate CONTACT precautions immediately (NOTE: do not wait for lab results)

- Patient/Resident should be placed in **private room** or cohorted (only as directed by Infection Control dept.).
- Appropriate **signage** shall be posted outside room in noticeable location.
- Wear **gloves and gown** (as per regional policy) when entering the room.
- **Hand hygiene** (preferably with soap and water) must be performed before and after contact with patient/resident or their environment.
- **Dedicate** equipment to single patient/resident for duration of symptoms (e.g. commodes/bedpans)
- Contact precautions should only be **discontinued** upon the advice of Infection Prevention and Control (typically when patient/resident has been symptom free for 48-72 hours, as per regional policy).
- **NOTIFY** Medical Health Officer and/or Infection Control Dept. **immediately** if there are two (2) or more cases of acute infectious diarrhea within a 24 hour time period.

LAB TESTING: Collect stool sample and submit request for *C. difficile* testing as soon as possible after symptoms develop

- Submit to local lab or Saskatchewan Disease Control Laboratory (SDCL) as per regional procedures.
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Lab results – toxigenic *C. difficile* +



Actions for confirmed cases of *C. difficile* Infection

- Notify physician/nurse practitioner of positive lab result and **Initiate appropriate treatment²**, as necessary.
- Inform local **Infection Control Department** of positive case of CDI.
- Notify **Housekeeping department** that twice daily cleaning procedures for CDI³ are to be initiated.
- **Provide *C. difficile* information⁴** to patient/resident and their family. **Document** that this has been given.

OPTIONAL:

- Post additional “hand washing required” signage⁵ on patient/resident door as a visual hand hygiene cue for staff and visitors.
- Temporarily flag the patient/resident chart for CDI to increase awareness during transfers within and/or between facilities.

1. Loose/watery stool (i.e. if the stool were to be poured into a container it would conform to the shape of the container); **and** the bowel movements are unusual or different for the patient/resident; **and** there is no other recognized cause for the diarrhea (e.g. laxative use).
2. See Guidelines for the Management of *Clostridium difficile* Infection (CDI) in all Healthcare Settings: Page 20-23.
3. See Guidelines for the Management of *Clostridium difficile* Infection (CDI) in all Healthcare Settings: Pages 11-12.
4. See Guidelines for the Management of *Clostridium difficile* Infection (CDI) in all Healthcare Settings: Pages 32-33 (Appendix E)
5. See Guidelines for the Management of *Clostridium difficile* Infection (CDI) in all Healthcare Settings: Page 28 (Appendix B)